U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6465	2. Fiscal Year Covered From:			
·	01 / 01 / 2004 Through: [2/31/2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Jewell C Gould	Name American federation of Teachers			
	Labor Organization File Number OOO 012			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 555 New Jersey Ave NW	Street 555 New Jersey Ave NW			
City WAS my tor	City WASHING TON			
State ○ □ ZIP Code + 4 ≥000 [State D C ZIP Code + 4 වසට (
5. Position in labor organization.				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Sign				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Loud C Lould				
Signed twolf the Sould	On 8/5/05 Zo 2 8 7 9 4 4 2 8 Date Telephone Number			

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Name of Person Filing Jewell Gould	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Blue Cross Blue Shield	and the same of th			
Trade Name, if any: NATIONAL LABOR OFFICE	a. Labor Organization			
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 1310 G STREEL NW	c. Employer			
City WASKING TON				
State 0 C ZIP Code + 4 200 3.6				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Conference 7/21-22/04 on Health 155005 VINSURANCE. Fucluded Registration, GOLF OUTING, Recaption/DINNER Speaker, Lunch the following day. Total two days			
Trade Name, if any:	GOLF OUTING, Recaption //	TOTAL TOTAL SPEAKER,		
P.O. Box, Bldg., Room No., if any				
Street	11.b. Approximate dollar value of such dealing.	\$265		
Oil.		THE PARTY OF THE P		
City	12.a. Nature of interest held or income received	1,		
State ZIP Code + 4	12.a. Nature of interest held or income received	1.		
Coperation of the participation of the coperation of the coperatio	12.a. Nature of interest held or income received			
Coperation of the participation of the coperation of the coperatio	12.b. Amount.			
State ZIP Code + 4 C. Received from any employer (other than an employer covered under	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. r parts A and B above) or other thing of value.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. r parts A and B above) or other thing of value.			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. r parts A and B above) or other thing of value.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount. r parts A and B above) or other thing of value.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	12.b. Amount. r parts A and B above) or other thing of value.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. r parts A and B above) or other thing of value.			

Name of Person Filing Jewell Gould	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Sagal Company	PKCCO.	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer	
Street 1920 N STORET NW	(c. Cinploye)	
City WASHington 1		
State DC ZIP Code + 4 20036 1659		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Treceived unsolvined backs	consider, traits
Trade Name, if any:	Paceried unsolvited basks line with various candy, 45 makes. Asked value resembled & provided of 7, \$59.	+ Secretary
P.O. Box, Bldg., Room No., if any	47,77	
Street	44 h Approximate dollar value of our b dealing	F30-89
City	Approximate dollar value of such dealing. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	850-75
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered unde	r parts A and B above)	
or from any labor relations consultant to an employer any payment of money	or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	
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